

HOUSEHOLD SIZE—INCOME STATEMENT

APPLICATION STATEMENT OF HOUSEHOLD SIZE—INCOME FOR THE CHILD AND ADULT CARE FOOD PROGRAM (ADULT CARE COMPONENT): Carefully complete this form, sign it and return it to the center. If you need assistance, please call the center. (FFY 2010, Rev. 5/09)

Name of Enrolled Participant ^{1,2}	Agency
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PART 1—HOUSEHOLDS RECEIVING FOOD STAMPS, FDPIR, SSI or MEDICAID¹

Complete this part if the enrolled participant is currently included in a Food Stamp (Food Share Wisconsin) household or receives assistance under the Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid. Review PART 3, sign the form and return it to the center's office. **Do not** complete PART 2.

☐ YES, the enrolled participant is currently included in a Food Stamp household or receives assistance under one of the following:¹

FDPIR Case No. _____ Food Stamp, *Food Share Wisconsin*, Case No. _____
 or SSI Case No. _____ Medicaid Case No. _____

PART 2 - ALL OTHER HOUSEHOLDS

If you did not give a Food Stamp (Food Share Wisconsin), FDPIR, SSI, or Medicaid case number, you **MUST** complete the following information or your application cannot be approved.

HOUSEHOLD MEMBERS: List below the names of the enrolled participant and his or her spouse and/or any other individual who resides with the enrolled participant and depends on the enrolled participant for economic support.

PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless a food stamp (Food Share Wisconsin), FDPIR, SSI, or Medicaid identification number is provided, you must include the social security number of the adult household member signing the application, or indicate that the household member signing the form does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the person does not possess one, the application cannot be approved. The social security number may be used for verifying the information you report on this application. Verification may include audits, investigations, contacting the state employment security office and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to the household member whose social security number is reported on this form. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, and the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

Name and Social Security Number of Adult Household Member who signs this form.²

Name: _____ Social Security Number _____ - _____ - _____ ☐ I do not have a Social Security Number

INCOME: List all income received last month on the same line with the person who received it. You must list gross income **BEFORE** deductions for taxes, social security, etc. List each amount under the correct title. Use the following conversion factors to determine monthly income: Weekly income x 4.33 = Monthly income. Every 2 weeks income x 2.15 = Monthly income. Twice a month income x 2 = Monthly income.

LIST ALL HOUSEHOLD MEMBERS (as defined above)

MONTHLY INCOME²

Name (<i>Last, First</i>) ²	Age	Earnings from Work (Before Deductions)	Welfare Payments, Child Support, and/or Alimony	Payments from Pensions, Retirement Social Security	All Other Income Received Last Month
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

PART 3—ALL HOUSEHOLDS Please check the ethnic and racial identity of the enrolled participant. You are not required to answer this question. The collection of this information is strictly for statistical reporting and will have no effect on determination of eligibility for benefits.

ETHNICITY: ☐ Hispanic or Latino

☐ Not Hispanic or Latino

RACE: ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

I CERTIFY that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. The signature on this application is that of an adult household member.

Print Name and Address, *Street, City, Zip*

Signature of Adult Household Member ^{1,2}	Signature Date <i>Mo./Day/Yr.</i>	Work: _____	Telephone Number Home: _____
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FOR CENTER USE ONLY

Basis of Determining Eligibility <input type="checkbox"/> Total Household Size _____ <input type="checkbox"/> Total Monthly Income \$ _____	<input type="checkbox"/> FDPIR <input type="checkbox"/> FoodStamp (FoodShareWisconsin) <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid	Eligibility Determination <input type="checkbox"/> Free <input type="checkbox"/> Free (based on zero income) temporarily until: _____ (45 days) <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	Determining Official's Initials and Date _____ (Expires in one year from signature date of an adult household member)
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¹ Information must be provided by applicant if establishing eligibility as a household **currently** receiving food stamps, FDPIR, SSI, or Medicaid.

² Information must be provided by applicant if establishing eligibility as a household **not currently** receiving food stamps, FDPIR, SSI, or Medicaid.